



The Commonwealth of Massachusetts  
Office of Consumer Affairs and Business Regulation  
Department of Telecommunications & Energy  
Telecommunications Division  
~ (617) 305-3540 ~

***Annual Return and Revenue Statement (Combo Return)***  
***For calendar year ending December 31, \_\_\_\_\_***

1. The **exact** name of the registered company is \_\_\_\_\_
2. Doing business as (dba) in MA, if any \_\_\_\_\_
3. Federal Identification No. (FIN) \_\_\_\_\_
4. Address of its principal office is \_\_\_\_\_  
\_\_\_\_\_
5. Address of its regulatory office, if any, is \_\_\_\_\_  
\_\_\_\_\_
6. Has company changed its registered and/or operating name(s) during the calendar year?  
[ ] No [ ] Yes If >yes= provide the following information:  

Previous name(s)	dba	FIN	Date changed/reason
_____			
_____			
7. Is this filing a combined return? [ ] No [ ] Yes If >yes= provide the following information:  

Name(s) of joint filer(s)	FIN(s)
_____	
_____	
8. Date and state of incorporation \_\_\_\_\_

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9. Long-term debt \$ \_\_\_\_\_ Short-term debt \$ \_\_\_\_\_
10. Capital stock authorized \$ \_\_\_\_\_ Capital stock outstanding \$ \_\_\_\_\_
11. Dividends paid out \$ \_\_\_\_\_ Dividends declared \$ \_\_\_\_\_
12. Briefly describe company's business operations in MASSACHUSETTS.

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### Signature and Oath of Treasurer and Chief Accounting Officer

We hereby certify that all statements contained in this return are full, just and true  
on this, the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

#### Treasurer:

\_\_\_\_\_  
Name (typed or printed) Signature

#### Chief Accounting Officer:

\_\_\_\_\_  
Name (typed or printed) Signature

**If signatures of the above two parties were affixed outside of the Commonwealth of Massachusetts, they must be properly sworn to, in person, as attested to by a Notary Public or Justice of the Peace:**

\_\_\_\_\_  
Signature Address (city, state and Zip Code)

\_\_\_\_\_  
Name (typed or printed) My commission expires on: \_\_\_\_\_  
mm/yyyy

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## ***Revenue Statement***

1. *Exact* name of reporting company \_\_\_\_\_
2. dba in MA, if any \_\_\_\_\_
3. Federal Identification Number (FIN) \_\_\_\_\_
4. If filing a combined statement, list registered name and FINs of **all** joint filers:  

Registered name(s)	dba	FIN
_____	_____	_____
_____	_____	_____
5. MA **intrastate operating revenue** \$ \_\_\_\_\_
6. MA **intrastate** operating expenses \$ \_\_\_\_\_

## **CONTACT INFORMATION**

Questions regarding the information provided in this return, and **regulatory assessment invoices should be directed to:**  
☐ ***Please check if the contact information has changed since last filing.***

Contact person/title \_\_\_\_\_

Address \_\_\_\_\_

Contact person telephone number \_\_\_\_\_ Contact person E-mail address \_\_\_\_\_

*I hereby certify, under penalty of perjury, that the foregoing statement is true to the best of my knowledge and belief.*

Date \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name/Title (typed or printed)

Please issue a check in the amount of \$5 payable to the Comm of MA-DTE. Do not staple the check to the forms.  
 Mail the original **3-page Annual Return and Revenue Statement (Combo Return)** and two (2) photocopies, along with the original check, and two (2) photocopies of the check to:

**MA Department of Telecommunication & Energy**  
**Attn: Telecommunications Division**  
**One South Station**  
**Boston, MA 02110-2212**